

**CAB Health and Recovery Services  
Proposal to Expand and Enhance the Juvenile Drug Court  
Danvers, Massachusetts  
TI13984**

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**B&D ID**

51102

## **PROJECT DESCRIPTION**

**Expansion or Enhancement Grant**—Expansion and Enhancement (abstract, page 9)

**Program Area Affiliation**—Criminal Justice

**Congressional District and Congressperson**—Massachusetts 6; John Tierney

**Public Health Region**—I

**Purpose, Goals, and Objectives**—Specific goals for this project are not stated in the application.

**Target Population**—The target population will include non-violent youth offenders ages 7 to 17 who abuse drugs or alcohol or both. (abstract; page 2)

**Geographic Service Area**—Essex County, Massachusetts (cover)

**Drugs Addressed**—The drugs to be addressed include marijuana and alcohol. (page 2)

**Theoretical Model**—The juvenile drug court (JDC) program will use the Multisystemic (MST) treatment model, in which intensive services are provided to troubled youth in their natural environments. (page 3) The youth will move through the program in phases, “stepping down” to less intensive services and levels of treatment when clinically indicated and when the youth has demonstrated compliance with any court conditions and the individualized service plan. Phase 1 of the program will require at least 2 months’ involvement in individual and/or family therapy sessions, as indicated in the individualized service plan. In addition, program activities will include weekly AA meetings, case management services, and community service volunteering. In Phase 2, once the therapist/care manager assesses the youth’s situation and determines whether or not to continue individual and/or family therapy, the youth will be referred to an adolescent group. The aforementioned program activities will continue. In Phase 3, therapy needs will be assessed and adjusted. Program activities will continue. A discharge/aftercare plan will be developed. Formal graduation will occur 30 days post-discharge. (page 4)

**Type of Applicant**—Non-profit organization (cover)

## **SERVICE PROVIDER STRUCTURE**

**Service Organizational Structure**—CAB Health and Recovery is a non-profit, community-based agency with over 40 years of experience treating those affected by substance abuse and its related life issues. CAB operates the juvenile drug court (JDC) in collaboration with the Essex County Juvenile Court and serves as the lead agency. (abstract; page 3)

**Service Providers**—There will be intensive coordination between JDC and CAB’s existing comprehensive services for adolescents, in particular, the CAB-operated intensive outpatient program (IOP). Other service providers will include North East Health Systems, the Salem District Court-Court Clinic, the YMCA, and the North Shore Alliance on Gay and Lesbian Youth (NAGLY). (page 10)

**Services Provided**—The services to be provided include: prevention services, outpatient services (e.g., teen assessment groups, family therapy), an intensive outpatient program (i.e., the structured outpatient addiction program), inpatient detoxification services, residential treatment, community-based mental health services, mentoring, AA meetings, and volunteer community service opportunities. (pages 6-7)

**Service Setting**—Residential and outpatient (abstract; pages 6-7)

**Number of Persons Served**—The juvenile drug court will serve approximately 80 juveniles a year. (abstract)

**Desired Project Outputs**—CAB will operate this JDC program with the goal of helping juveniles to improve their lives by remaining substance free and leading crime free lives. (abstract) A chart on page 15 states the short-term outcomes as follows: improved family functioning, improved living arrangements, improved school performance, reduced involvement in the JDC, improved mental/physical health problems, reduced drug use, reduced sexual risk behavior, and improved school attendance.

**Consumer Involvement**—No plans to directly involve consumers in a collaborative role are apparent. Instead, defense attorneys from the juvenile bar will represent the interests of the JDC participants throughout the process of designing and implementing the evaluation as well as interpreting the evaluation findings. As members of the steering committee, the defense attorneys will be advocates for the JDC participants throughout the program. (page 19)

## EVALUATION

**Strategy and Design**—The local evaluation plan is intended to have a formative function, designed to provide on-going feedback to the clinical staff on the program's progress; and will be structured in a contextual framework. The process evaluation will (a) document demographic information, (b) document features of the drug court hearing, (c) document the staffing patterns, (d) provide relevant program information feedback to project staff, (e) document client contacts, and (f) document the implementation of the intervention and adherence to the proposed plan. The outcome evaluation will incorporate both qualitative and quantitative data designed to assess the long-term effects of the program on the participants and the court system. (pages 14, 16) [A program evaluation logic model is illustrated in Figure 1 on page 15.]

**Evaluation Goals/Desired Results**—A statement of goals appears to be incorporated in Figure 1 on page 15 in the "What will we do" box. The goals are stated as follows: (1) assign each participant a care manager; (2) develop an individualized service plan; (3) provide access to a full range of mental health and substance abuse treatment service options including in-home services, intensive outpatient program, individual/group/family therapy and mentoring; (4) provide referral/linkage to social supports in the community such as recreation and employment; (5) coordinate closely with judge, probation officer, and other stakeholders to monitor compliance with service plan; (6) hold JDC session with judge every other week; (7) oversee/monitor results from random drug screens; and (8) incorporate sanctions and incentives into program.

**Evaluation Questions and Variables**—Specific evaluation questions are not stated in the application.

**Instruments and Data Management**—In addition to the GPRA, the instruments to be used include the Global Appraisal of Individual Needs (GAIN) and the GAIN clinical follow-up instrument (GAIN M-90). (page 18)